



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
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ARLINGTON, VA 22204-1382



NGB-ARZ-S

22 MAR 1995

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: (All States Log Number I95-0115) Department of Defense (DoD) Clinical Laboratory Improvement Program (CLIP)

1. Reference DoD Memorandum dtd 17 August, 1994, subject: Instructions for Completion of the DoD CLIP
2. The DoD CLIP applies the quality standards of Public Law 100-578, The Clinical Laboratories Improvement Act of 1988, to all Army National Guard (ARNG) clinical laboratory operations. All Modified Table of Organization and Equipment (MTOE) laboratories and all units providing laboratory services (defined as "testing on human specimens for...treatment, assessment, diagnosis or prevention of disease") are included. Therefore, every site where ARNG personnel provide laboratory services, whether in support of physical examinations, cardiovascular screening, preventive medicine activities, or Guard Care Programs must be registered with the Office of Clinical Laboratory Affairs.
3. Request the Director/OIC of each ARNG laboratory complete the appropriate enclosed registration form/s and submit them to NGB-ARP-HO, NLT 1 July 1995.
4. Points of contact are MAJ Wertz/SGM Halliday, DSN: 327-7140, COMM: (703)607-7140, FAX: -7187/7183.

FOR THE CHIEF, NATIONAL GUARD BUREAU:

9 Encls:

1. AFIP FORM OCLA - 1
2. AFIP FORM OCLA - 2
3. AFIP FORM OCLA - 3
4. DoD CLIP
5. The Surgeon Generals Memorandum, 26 July 1994
6. DoD Instruction #6440.2, 20 April 1994
7. Federal Registry
8. CLIA, ARNG Laboratory Questionnaire
9. Memorandum To Laboratory Directors, USAR and NG, 17 Aug 94

Edward A. Jeffer

EDWARD A. JEFFER

COL, GS

Chief Surgeon, Army National
Guard

DISTRIBUTION:

- (1) MILPO
- (1) State Surgeon
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- (1) Lab Director

DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, D.C. 20306-6000

THE DoD CLINICAL LABORATORY IMPROVEMENT PROGRAM (CLIP)
REGISTRATION FORM FOR MODERATE OR HIGH COMPLEXITY TESTING

Type or print legibly the following information. Reproduction of this form is authorized.

I. General Information

FACILITY NAME			Armed Forces Institute of Pathology Office of Clinical Laboratory Affairs ATTN: AFIP-ZD 8403 Colesville Rd, Bldg 2, Suite 860 Silver Spring, MD 20910-3368		
ADDRESS			DoD-CLIA Number (For office use only)		
CITY	STATE	ZIP+4	Laboratory Affiliation (Circle one only)		
TELEPHONE ()	DSN		01 Army 05 Navy Reserve 09 Army Reserve 02 Navy 06 Air Nat'l Guard 11 DoD 03 Air Force 07 Air Force Reserve 12 MEPS 04 USMC 08 Army Nat'l Guard 13 Other _____		
Defense Medical Information System Identification Code (DMISID)					

II. Type of Certificate (check one only)

See Appendix A for information

____ Certificate for High Complexity Testing (Single Site Only) ____ Certificate for High Complexity Testing (Multiple Sites)
____ Certificate for Moderate Complexity Testing (Single Site Only) ____ Certificate for Moderate Complexity Testing (Multiple Sites)

III. Type of Laboratory

____ 01 Ambulatory Surgery Center	____ 08 Mobile Unit	____ 15 Emergency Services
____ 02 Outpatient Clinic	____ 09 Pharmacy	____ 16 Physical Examinations
____ 03 Bedside Testing Site (i.e. Wards)	____ 10 Tissue Bank/Repositories	____ 17 Satellite Laboratory
____ 04 Renal Dialysis Facility	____ 11 Pulmonary Function (Blood Gas)	____ 18 Veterinary Laboratory
____ 05 Hospital Main Laboratory	____ 12 Nuclear Medicine	____ 19 Other (specify) _____
____ 06 X-ray	____ 13 Research Facility	_____
____ 07 Industrial	____ 14 Troop Medical Clinic	_____

IV. Laboratory Accreditation

Indicate which organizations you are accredited by:

____ CAP ____ COLA ____ OTHER (specify) _____
____ AABB ____ JCAHO ____ OTHER (specify) _____

Name of Laboratory Director	Signature of Laboratory Director	Date
Name of Facility Commander	Signature of Facility Commander	Date
Name and Telephone Number of Testing Site Individual Completing This Form	DSN	Commercial

7. Multiple Sites

Are you applying for one certificate for multiple sites? *If no, do not complete this page.* Proceed to page 3 of AFIP FORM OCLA - 1
If yes, complete information below for each site to be registered under this certificate.
Once completed, proceed to page 3 of AFIP FORM OCLA - 1 and complete requested information for each site identified on this page.

Name and Address / Location	Testing Site #	1
Name of laboratory or hospital department		
Address/location (if same, indicate, otherwise provide address)		
City, State, Zip		
Commercial Telephone No.	DSN Telephone No.	

Name and Address / Location	Testing Site #	2
Name of laboratory or hospital department		
Address/location (if same, indicate, otherwise provide address)		
City, State, Zip		
Commercial Telephone No.	DSN Telephone No.	

Name and Address / Location	Testing Site #	3
Name of laboratory or hospital department		
Address/location (if same, indicate, otherwise provide address)		
City, State, Zip		
Commercial Telephone No.	DSN Telephone No.	

Name and Address / Location	Testing Site #	4
Name of laboratory or hospital department		
Address/location (if same, indicate, otherwise provide address)		
City, State, Zip		
Commercial Telephone No.	DSN Telephone No.	

Name and Address / Location	Testing Site #	5
Name of laboratory or hospital department		
Address/location (if same, indicate, otherwise provide address)		
City, State, Zip		
Commercial Telephone No.	DSN Telephone No.	

Name and Address / Location	Testing Site #	6
Name of laboratory or hospital department		
Address/location (if same, indicate, otherwise provide address)		
City, State, Zip		
Commercial Telephone No.	DSN Telephone No.	

Name and Address / Location	Testing Site #	7
Name of laboratory or hospital department		
Address/location (if same, indicate, otherwise provide address)		
City, State, Zip		
Commercial Telephone No.	DSN Telephone No.	

Name and Address / Location	Testing Site #	8
Name of laboratory or hospital department		
Address/location (if same, indicate, otherwise provide address)		
City, State, Zip		
Commercial Telephone No.	DSN Telephone No.	

VI. Sites Performing Tests of Moderate or High Complexity

List the information requested below for each site. If this site is one of multiple sites registered under the same certificate (as listed on page 2), reproduce this form and enter information for each site to be registered. Enter the Site # from page 2 if applicable. Complete personnel information for the appropriate type of certificate requested.

Name and Address / Location	Site #	Director Information
Name of laboratory or hospital department	(Site # from page 2)	Name:
Address / Location		SSAN:
City, State, Zip		If this site is accredited, provide information below:
Commercial Telephone No.	DSN Telephone No.	Accredited by: Accreditation #

Personnel Information - Moderate Complexity Testing Only

Instructions: Enter total number of individuals for each category at this testing site. Use appendix B for selection of codes.

Director

Q Code	Officer	Civilian
DR1		
DR2		
DR3		
DR4		
DR5		

Clinical Consultant

Q Code	Officer	Civilian
CC1		
CC2		
CC3		
CC4		

Technical Consultant

Q Code	Officer	Enlisted	Civilian
TC1			
TC2			
TC3			
TC4			

Testing Personnel

Q Code	Officer	Enlisted	Civilian
TP1			
TP2			
TP3			
TP4			

Testing Personnel Cont'd

Q Code	Officer	Enlisted	Civilian
TP5			
TP6			
TP7			

Personnel Information - High Complexity Testing

Instructions: Enter total number of individuals for each category at this testing site. Use appendix C for selection of codes.

Director

Q Code	Officer	Civilian
DR1		
DR2		
DR3		
DR4		
DR5		

Clinical Consultant

Q Code	Officer	Civilian
CC1		
CC2		
CC3		
CC4		
CC5		

Technical Supervisor

Q Code	Officer	Enlisted	Civilian
TS1			
TS2			
TS3			
TS4			
TS5			
TS6			
TS7			
TS8			
TS9			
TS10			
TS11			
TS12			
TS13			
TS14			

General Supervisor

Q Code	Officer	Enlisted	Civilian
GS1			
GS2			
GS3			
GS4			
GS5			
GS6			
GS7			
GS8			
GS9			
GS10			

Testing Personnel

Q Code	Officer	Enlisted	Civilian
TP1			
TP2			
TP3			
TP4			
TP5			
TP6			
TP7			
TP8			
TP9			

VII. Test Volume Information - Moderate and High Complexity Testing

1. Place a check in the space preceding each specialty / subspecialty in which this laboratory performs testing.
2. Enter the reportable test volume from the previous calendar year for each specialty in the space behind each specialty.
3. If new laboratory, check here ☐ and estimate your annual reportable test volume in the space behind each specialty.

SPECIALTY / SUBSPECIALTY and TEST VOLUME

010	Histocompatibility	300	Chemistry	600	Pathology
020	Transplant	310	Routine	610	Histopathology
030	Non-Transplant	320	Urinalysis	620	Oral Pathology
		330	Other	630	Cytology
100	Microbiology	340	Endocrinology		
		350	Toxicology	700	Blood Gas
110	Bacteriology			800	Radiobioassay
115	Mycobacteriology	400	Hematology		
120	Mycology			900	Cytogenetics
130	Parasitology	410	General Hematology		
140	Virology	420	Coagulation	1000	Others
150	Other				
200	Serology	500	Immunohematology	1010	
				1020	
210	Syphilis	510	ABO & Rh Group	1030	
220	General Immunology	520	Antibody Detection		
		530	Compatibility Testing		
		540	Antibody Identification		

VIII. Laboratory Test Information - Moderate and High Complexity Testing

VIII. Laboratory Test Information - Moderate and High Complexity Testing

Instructions: List required information for tests performed at this site. If additional space is needed, attach information using same format.

Note: You do not need to list test data if site is CAP accredited.

[illegible]

APPENDIX A

KEY TO REGISTRATION CERTIFICATES

All sites performing testing are required to register with the Department of Defense (DoD) Clinical Laboratory Improvement Program (CLIP). A new registration form must be filed prior to initiation of testing if complexity level increases.

Options:

Single Certificate at Each Site:

Each site requires a director. One director may direct a maximum of 5 high complex or 8 moderate complex labs.

Certificate must be for highest level of testing performed.

Director must assure personnel, quality control, and proficiency testing requirements are met at each site.

Proficiency test program required for each site (failure does not affect other sites).

Separate accreditation required for each site.

Single Certificate for Multiple Sites:

Same director for all sites. Director must assure personnel, quality control, and proficiency testing requirements are met for each site under certificate. Certificate must be for highest level of testing performed.

Single proficiency program for primary method; failure of primary method affects all sites; secondary methods must be validated with primary method every 6 months.

Accreditation must include inspection of all sites under certificate.

TYPES OF CERTIFICATES

Certificate for Waiver

Testing Limited to: Non-automated urinalysis (dipstick/tablet reagent); fecal occult blood; visual color ovulation tests; visual color urine pregnancy tests; blood glucose by devices cleared by FDA for home use; non-automated ESR; non-automated hemoglobin; spun hematocrit; hemoglobin by single analyte instrument

Personnel Requirements: No defined educational level requirement

Proficiency Testing: None required

Inspections: As required

Reference: Section 493.15, page A-4, DoD-CLIP Instructions

Certificate for Physician Performed Microscopy Testing

Testing Limited to: Wet mounts; KOH preps; fern tests; post-coital direct exams of vaginal/cervical mucous; pinworm exams; urine sediment

Personnel Requirements: Must be performed by physician at the time of patient visit

Proficiency Testing: Required where available

Inspections: As Required

Reference: Section 493.16, page A-5, DoD-CLIP Instructions

Certificate for Moderate Complexity Testing

Testing Includes: Waived tests; physician performed microscopy plus: automated chemistry; basic bacteriology; automated hematology; non-transfusion related immunohematology

Personnel Requirements: Must satisfy requirements for: Director, Clinical Consultant, Technical Consultant, and Testing Personnel

Proficiency Testing: All named analytes

Inspections: Every 2 years

Reference: Section 493.20, page A-7, DoD-CLIP Instructions

Certificate for High Complexity Testing

Testing Includes: All in moderately complex plus: Parasitology; transfusion related immunohematology; manual procedures; microbiology; histopathology; cytology

Personnel Requirements: Must satisfy requirements for: Director, Clinical Consultant, Technical Supervisor, General Supervisor, and Testing Personnel

Proficiency Testing: All named analytes

Inspections: Every 2 years

Reference: Section 493.25, page A-8; Subpart M, pages M-9 through M-32, DoD-CLIP Instructions

APPENDIX B

KEY TO QUALIFICATION CODES FOR PERSONNEL MODERATE COMPLEXITY

This appendix lists each possible way an individual may meet the requirements of a given position. Only one individual may be listed as director. However, one individual may be serving in more than one position/function. For example, the qualified director may serve as the director, technical supervisor, and general supervisor. When completing the personnel information on page of 3 AFIP Form OCLA-1, this individual would be reflected in three separate personnel categories on the form, annotating the appropriate qualification code in each category.

DIRECTOR	
Qualification Code	Qualifications
DR 1.0	MD, DO w/medical license and certified in anatomic and/or clinical pathology
DR 2.0	MD, DO w/medical license and training and documented experience consisting of:
	* 1 year directing or supervising nonwaived tests
	OR * 20 CME credit hours in laboratory practice commensurate with director responsibilities (begins 1 Sep 93)
	OR * Equivalent laboratory training (20 CMEs) obtained during medical residency
DR 3.0	Doctorate in chemical, physical, biological or clinical laboratory science/medical technology, and documented training/experience consisting of:
	* Certification by ABMM, ABCC, ABB, or ABMLI
	OR * 1 year experience directing or supervising nonwaived tests
DR 4.0	Masters degree in chemical, physical, biological, or clinical laboratory science/medical technology; and documented training/experience consisting of:
	* 1 year of training or experience, or both, in nonwaived testing and at least 1 year supervisory experience in nonwaived testing
DR 5.0	Bachelor degree in chemical, physical, biological, or clinical laboratory science/medical technology, and documented training/experience consisting of:
	* 2 years of laboratory training or experience, or both, in nonwaived testing and at least 2 year of supervisory laboratory experience in nonwaived testing

CLINICAL CONSULTANT	
Qualification Code	Qualifications
CC 1.0	MD, DO w/medical license and certified in anatomic and/or clinical pathology
CC 2.0	MD, DO w/medical license and training and documented experience consisting of:
	* 1 year directing or supervising nonwaived tests
	OR * 20 CME credit hours in laboratory practice commensurate with director responsibilities
	OR * Equivalent laboratory training obtained during medical residency
CC 3.0	MD, DO w/medical license credentialed to practice medicine in a DoD medical treatment facility
CC 4.0	Doctorate in chemical, physical, biological or clinical laboratory science and national certification recognized in 493.1405 (3)(i)

APPENDIX B

KEY TO QUALIFICATION CODES FOR PERSONNEL MODERATE COMPLEXITY

TECHNICAL CONSULTANT	
Qualification Code	Qualifications
TC 1.0	MD, DO w/medical license and certified in anatomic and/or clinical pathology
TC 2.0	MD, DO w/medical license and training and documented training/experience consisting of: * 1 year laboratory training or experience, or both, in nonwaived testing within the specialty/subspecialty areas for which the Technical Consultant is responsible
TC 3.0	Doctoral or Master's degree in chemical, physical, biological, clinical laboratory science/medical technology with * 1 year laboratory training or experience, or both, in nonwaived testing within the specialty/subspecialty areas for which the Technical Consultant is responsible
TC 4.0	Bachelor degree in chemical, physical, biological, clinical laboratory science/medical technology with * 2 years laboratory training or experience, or both, in nonwaived testing within the specialty/subspecialty areas for which the Technical Consultant is responsible

TESTING PERSONNEL	
Qualification Code	Qualifications
TP 1.0	MD, DO w/medical license and credentialed to practice medicine in a DoD medical treatment facility
TP 2.0	Doctoral degree in chemical, physical, biological, or clinical laboratory science/medical technology
TP 3.0	Masters degree in chemical, physical, biological, or clinical laboratory science/medical technology
TP 4.0	Bachelor degree in chemical, physical, biological, or clinical laboratory science/medical technology
TP 5.0	Associate degree in a laboratory science, or medical laboratory technology
TP 6.0	High school graduate, or equivalent who has successfully completed an official military medical laboratory procedures course of at least 50 weeks and held the enlisted occupational specialty of Medical Laboratory Specialist (Laboratory Technician)
TP 7.0	High school diploma, or equivalent with documentation of the completion of a formal training program, not solely limited to on-the-job training, appropriate to the testing performed prior to analyzing patient specimens as stated in 493.1423 (d) (2) (i) through (viii)

APPENDIX C

KEY TO QUALIFICATION CODES FOR PERSONNEL HIGH COMPLEXITY

This appendix lists each possible way an individual may meet the requirements of a given position. Only one individual may be listed as director. However, one individual may be serving in more than one position/function. For example, the qualified director may serve as the director, technical supervisor, and general supervisor. When completing the personnel information on page 3 of AFIP Form OCLA-1, this individual would be reflected in three separate personnel categories on the form, annotating the appropriate qualification code in each category.

DIRECTOR	
Qualification Code	Qualifications
DR 1.0	MD, DO w/medical license and certified in anatomic and/or clinical pathology
DR 2.0	MD, DO w/medical license and training and documented experience consisting of: * 1 year laboratory training during medical residency OR * 2 years experience in directing/supervising high complexity testing
DR 3.0	Doctorate in chemical, physical, biological or clinical laboratory science; and, after 1 Oct 94, national certification OR * Until 1 Oct 94, 2 years experience directing or supervising highly complex tests with no national certification
DR 4.0	Masters degree in chemical, physical, biological, or clinical laboratory science/medical technology; national certification; have commissioned officer status; and training consisting of: * 4 years training/experience directing or supervising high complexity testing NOTE Must have a designated Pathology Consultant
DR 5.0	Bachelor degree in chemical, physical, biological, or clinical laboratory science/medical technology; national certification; have commissioned officer status; and training consisting of: * 6 years experience directing or supervising high complexity testing NOTE Must have a designated Pathology Consultant

CLINICAL CONSULTANT	
Qualification Code	Qualifications
CC 1.0	MD, DO w/medical license and certified in anatomic and/or clinical pathology
CC 2.0	MD, DO w/medical license and training and documented experience consisting of: * at least 1 year laboratory training during medical residency OR * 2 years experience in directing/supervising high complexity testing
CC 3.0	MD, DO w/medical license credentialed to practice medicine in a DoD medical treatment facility
CC 4.0	Doctorate in chemical, physical, biological or clinical laboratory science/medical technology and national board certification
CC 5.0	For the subspecialty of Oral Pathology, meet criteria in 493.1443 (b) (4).

APPENDIX C

KEY TO QUALIFICATION CODES FOR PERSONNEL HIGH COMPLEXITY

TECHNICAL SUPERVISOR

Qualification Code	Qualifications
TS 1.0	MD, DO w/medical license and certified in anatomic and/or clinical pathology
TS 2.0	MD, DO w/medical license and training and documented experience consisting of: <ul style="list-style-type: none"> * 1 year laboratory training or experience within the specialty with a minimum of 6 months experience in high complexity testing within the subspecialty
TS 3.0	Doctoral degree in chemical, physical, biological, or clinical laboratory science or medical technology, and documented experience consisting of: <ul style="list-style-type: none"> * 1 year laboratory training or experience within the specialty with a minimum of 6 months experience in high complexity testing within the subspecialty
TS 4.0	Masters degree in chemical, physical, biological, or clinical laboratory science or medical technology, and documented experience consisting of: <ul style="list-style-type: none"> * 2 years of laboratory training or experience within the specialty with a minimum of 6 months experience in high complexity testing within the subspecialty
TS 5.0	Bachelor degree in chemical, physical, biological, or clinical laboratory science or medical technology, and documented experience consisting of: <ul style="list-style-type: none"> * 4 years of laboratory training or experience within the specialty with a minimum of 6 months experience in high complexity testing within the subspecialty
TS 6.0	Commissioned Officer in the Armed Forces with national certification and documented experience consisting of: <ul style="list-style-type: none"> * 3 years laboratory training or experience within the specialty with a minimum of 6 months experience in high complexity testing within the specialty/subspecialty
Exceptions to the Above Definitions	
TS 7.0	For Cytopathology: Met by those who qualify under part 493.1449 (k)
TS 8.0	For Histopathology: Met by those who qualify under part 493.1449 (l)(1).
TS 9.0	For Dermatopathology: Met by those who qualify under part 493.1449 (l)(2)
TS 10.0	For Ophthalmic Pathology: Met by those who qualify under part 493.1449 (l)(3)
TS 11.0	For Oral Pathology: Met by those who qualify under part 493.1449 (m)
TS 12.0	For Histocompatibility: Met by those who qualify under part 493.1449 (o)
TS 13.0	For Cytogenetics: Met by those who qualify under part 493.1449 (p)
TS 14.0	For Immunohematology: Met by those who qualify under part 493.1449 (q)

APPENDIX C

KEY TO QUALIFICATION CODES FOR PERSONNEL HIGH COMPLEXITY

GENERAL SUPERVISOR		
Qualification Code	Qualifications	
GS 1.0	Qualifies as Laboratory Director, High Complexity Laboratory OR MD, DO, PhD, master's, or bachelor's degree and documented experience consisting of: * 1 year laboratory training or experience in high complexity testing	
GS 2.0	Qualifies as Technical Supervisor, High Complexity Laboratory	
GS 3.0	Associate Degree in a laboratory science or medical laboratory technology from an accredited institution and documented experience consisting of: * 2 years of laboratory training or experience in high complexity testing	
GS 4.0	Have previously qualified or could have qualified under 42 CFR 493.1427 of the Federal regulations (14 Mar 90), on or before 1 Sep 92	
GS 5.0	Until 1 Sep 97, High School graduate or equivalent who has completed a 50 week military laboratory training program, and held the military enlisted AFSC/MOS/NEC of medical laboratory technician, and has documented experience consisting of: * 3 years of laboratory training or experience in high complexity testing	
For Blood Gas Analysis:		
GS 6.0	Bachelor Degree in respiratory therapy or cardiovascular technology from an accredited school, and documented experience consisting of: * 1 year of laboratory training or experience in blood gas analysis OR Associate Degree related to pulmonary function from an accredited institution, and documented experience consisting of: * 2 years of training or experience in blood gas analysis	
GS 7.0	For Histopathology:	Met by those who qualify as technical supervisor (histopathology) under part 493.1449 (b) or 493.1449 (l)(1).
GS 8.0	For Dermatopathology:	Met by those who qualify as technical supervisor (dermatopathology) under part 493.1449 (b) or 493.1449 (l)(1) or (2)
GS 9.0	For Ophthalmic Pathology:	Met by those who qualify as technical supervisor (ophthalmic pathology)under part 493.1449 (b) or 493.1449 (l)(3)
GS 10.0	For Oral Pathology:	Met by those who qualify as technical supervisor (oral pathology) under part 493.1449 (b) or 493.1449 (m)

APPENDIX C

KEY TO QUALIFICATION CODES FOR PERSONNEL HIGH COMPLEXITY

TESTING PERSONNEL	
Qualification Code	Qualifications
TP 1.0	MD, DO w/medical license and credentialed to practice medicine in a DoD medical treatment facility
TP 2.0	Doctoral degree in chemical, physical, biological, or clinical laboratory science/medical technology
TP 3.0	Masters degree in chemical, physical, biological, or clinical laboratory science/medical technology
TP 4.0	Bachelor degree in chemical, physical, biological, or clinical laboratory science/medical technology. Degree in respiratory therapy or cardiovascular technology is acceptable for blood gas analysis
TP 5.0	Associate degree in a laboratory science, or medical laboratory technology. Degree related to pulmonary function is acceptable for blood gas analysis
TP 6.0	Have previously qualified or could have qualified as a technologist under 42 CFR 493.1433 published in March 14, 1990 (55 FR 9538), on or before 28 Feb 92
TP 7.0	(Until 1 Sep 97) High school diploma or equivalent with documentation of a formal laboratory training program, not solely limited to on-the-job training as described in 493.1449 (4) (ii) (A) through (H)
TP 8.0	For histopathology must meet requirement stated in 493.1449 (b) or 493.1489 (I)
TP 9.0	For cytopathology must meet requirements stated in 493.1483

**DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, D.C. 20306-6000**

THE DoD CLINICAL LABORATORY IMPROVEMENT PROGRAM (CLIP)

REGISTRATION FORM FOR PHYSICIAN PERFORMED MICROSCOPY TESTING

Type or print legibly the following information. Reproduction of this form is authorized.

I. General Information

FACILITY NAME			Armed Forces Institute of Pathology Office of Clinical Laboratory Affairs ATTN: AFIP-ZD 8403 Colesville Rd, Bldg 2, Suite 860 Silver Spring, MD 20910-3368 DoD-CLIA Number <i>(For office use only)</i>														
ADDRESS																	
CITY	STATE	ZIP+4															
TELEPHONE ()			DSN														
Defense Medical Information System Identification Code (DMISID)			Laboratory Affiliation <i>(Circle one only)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">01 Army</td> <td style="width: 33%;">05 Navy Reserve</td> <td style="width: 33%;">09 Army Reserve</td> </tr> <tr> <td>02 Navy</td> <td>06 Air Nat'l Guard</td> <td>11 DoD</td> </tr> <tr> <td>03 Air Force</td> <td>07 Air Force Reserve</td> <td>12 MEPS</td> </tr> <tr> <td>04 USMC</td> <td>08 Army Nat'l Guard</td> <td>13 Other _____</td> </tr> </table>			01 Army	05 Navy Reserve	09 Army Reserve	02 Navy	06 Air Nat'l Guard	11 DoD	03 Air Force	07 Air Force Reserve	12 MEPS	04 USMC	08 Army Nat'l Guard	13 Other _____
01 Army	05 Navy Reserve	09 Army Reserve															
02 Navy	06 Air Nat'l Guard	11 DoD															
03 Air Force	07 Air Force Reserve	12 MEPS															
04 USMC	08 Army Nat'l Guard	13 Other _____															

II. Type of Certificate (check one only)

See Appendix A for information

- ☐ Certificate for Physician Performed Microscopy (Single Site Only)
☐ Certificate for Physician Performed Microscopy (Multiple Sites)

III. Type of Laboratory

- | | | |
|--|-----------------------------|------------------------------|
| ___ 01 Ambulatory Surgery Center | ___ 05 Mobile Unit | ___ 09 Emergency Services |
| ___ 02 Outpatient Clinic | ___ 06 X-ray | ___ 10 Physical Examinations |
| ___ 03 Bedside Testing Site (i.e. Wards) | ___ 07 Industrial | ___ 11 Satellite Laboratory |
| ___ 04 Renal Dialysis Facility | ___ 08 Troop Medical Clinic | ___ 12 Other (specify) _____ |

IV. Laboratory Accreditation

Indicate which organizations you are accredited by:

- | | | |
|----------|-----------|---------------------------|
| ___ CAP | ___ COLA | ___ OTHER (specify) _____ |
| ___ AABB | ___ JCAHO | ___ OTHER (specify) _____ |

Name of Laboratory Director	Signature of Laboratory Director	Date
Name of Facility Commander	Signature of Facility Commander	Date
Name and Telephone Number of Testing Site Individual Completing This Form	DSN	Commercial

V. Sites Performing Physician Performed Microscopy Tests Only
Instructions: Use this form only for registering physician performed microscopy testing sites. Copy this form to register additional sites.

V. Sites Performing Physician Performed Microscopy Tests Only
Instructions: Use this form only for registering physician performed microscopy testing sites. Copy this form to register additional sites.

Director Information		<i>Circle appropriate education and status code</i>	
Name		Education Code:	Status Code:
		MD/DO 1	Officer 1
SSAN			Civilian 2

Name and Address / Location of Site		<i>Physician Performed Microscopy Tests - Check all that apply</i>	
Name of laboratory or hospital department		<input type="checkbox"/> Wet Mounts <input type="checkbox"/> KOH Preps <input type="checkbox"/> Fern Test <input type="checkbox"/> Pinworm Exam <input type="checkbox"/> Urine Sediment Exam <input type="checkbox"/> Vaginal Mucous Exam	Annual Testing Volume: _____
Address/location (if same, indicate, otherwise provide address)			
City, State, Zip	Telephone No.		

Testing Personnel Information		Enter total number of providers in each category that perform testing at this site		
	Physician	Nurse Practitioner	Nurse Midwife	PA
Military Officer				
Civilian				

Name and Address / Location of Site		Physician Performed Microscopy Tests - Check all that apply <input type="checkbox"/> Wet Mounts <input type="checkbox"/> KOH Preps <input type="checkbox"/> Fern Test <input type="checkbox"/> Pinworm Exam <input type="checkbox"/> Urine Sediment Exam <input type="checkbox"/> Vaginal Mucous Exam
Name of laboratory or hospital department		
Address/location (if same, indicate, otherwise provide address)		
City, State, Zip	Telephone No.	
		Annual Testing Volume: _____

Testing Personnel Information				
Enter total number of providers in each category that perform testing at this site				
	Physician	Nurse Practitioner	Nurse Midwife	PA
Military Officer				
Civilian				

Name and Address / Location of Site		Physician Performed Microscopy Tests - Check all that apply <input type="checkbox"/> Wet Mounts <input type="checkbox"/> KOH Preps <input type="checkbox"/> Fern Test <input type="checkbox"/> Pinworm Exam <input type="checkbox"/> Urine Sediment Exam <input type="checkbox"/> Vaginal Mucous Exam
Name of laboratory or hospital department		
Address/location (if same, indicate, otherwise provide address)		
City, State, Zip	Telephone No.	
		Annual Testing Volume: _____

Testing Personnel Information		Enter total number of providers in each category that perform testing at this site			
	Physician	Nurse Practitioner	Nurse Midwife	PA	
Military Officer					
Civilian					

DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, D.C. 20306-6000

THE DoD CLINICAL LABORATORY IMPROVEMENT PROGRAM (CLIP)

REGISTRATION FORM FOR WAIVED TESTING

Type or print legibly the following information. Reproduction of this form is authorized.

I. General Information

FACILITY NAME			Armed Forces Institute of Pathology Office of Clinical Laboratory Affairs ATTN: AFIP-ZD 8403 Colesville Rd, Bldg 2, Suite 860 Silver Spring, MD 20910-3368		
ADDRESS					
CITY			DoD-CLIA Number (For office use only)		
STATE			Laboratory Affiliation (Circle one only)		
ZIP+4			01 Army 05 Navy Reserve 09 Army Reserve		
TELEPHONE ()			02 Navy 06 Air Nat'l Guard 11 DoD		
DSN			03 Air Force 07 Air Force Reserve 12 MEPS		
Defense Medical Information System Identification Code (DMISID)			04 USMC 08 Army Nat'l Guard 13 Other _____		

II. Type of Certificate (check one only)

See Appendix A for information

- ☐ Certificate for Waived Testing (Single Site Only)
- ☐ Certificate for Waived Testing (Multiple Sites)

III. Type of Laboratory

- | | | |
|---|--|---|
| <input type="checkbox"/> 01 Ambulatory Surgery Center | <input type="checkbox"/> 06 Satellite Laboratory | <input type="checkbox"/> 11 Troop Medical Clinic |
| <input type="checkbox"/> 02 Outpatient Clinic | <input type="checkbox"/> 07 Industrial | <input type="checkbox"/> 12 Emergency Services |
| <input type="checkbox"/> 03 Bedside Testing Site (i.e. Wards) | <input type="checkbox"/> 08 Mobile Unit | <input type="checkbox"/> 13 Physical Examinations |
| <input type="checkbox"/> 04 Renal Dialysis Facility | <input type="checkbox"/> 09 Pharmacy | <input type="checkbox"/> 14 Other (specify) _____ |
| <input type="checkbox"/> 05 X-ray | <input type="checkbox"/> 10 Pulmonary Function | _____ |

IV. Laboratory Accreditation

Indicate which organizations you are accredited by:

- | | | |
|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> CAP | <input type="checkbox"/> COLA | <input type="checkbox"/> OTHER (specify) _____ |
| <input type="checkbox"/> AABB | <input type="checkbox"/> JCAHO | <input type="checkbox"/> OTHER (specify) _____ |

Name of Laboratory Director	Signature of Laboratory Director	Date
Name of Facility Commander	Signature of Facility Commander	Date
Name and Telephone Number of Testing Site Individual Completing This Form	DSN	Commercial

7. Sites Performing Waived Tests Only

Instructions: Use this form only for registering waived testing sites. Copy this form to register additional sites

Director Information

Name

SSAN

Circle appropriate education and status code

Education Code:

Status Code:

MD/DO 1

Officer 1

PhD 2

Civilian 2

MS/MA 3

Enlisted 3

BS/BA 4

Name and Address / Location of Site

Name of laboratory or hospital department

Address/location (if same, indicate, otherwise provide address)

City, State, Zip

Telephone No.

Waived Tests - Check all that apply



Dipstick Urine



Tablet Reagent Urine



Fecal Occult Blood



Visual Color Ovulation



Urine Pregnancy Test - Visual



ESR (non automated)



Hemoglobin



Hematocrit (spun)



Glucose (FDA Home Use)

Annual Testing Volume: _____

Testing Personnel Information

Enter total number of individuals in each category that perform testing at this site

	MD/DO	PhD	MS/MA	BS/BA	AA/AS	HS	Other
Military Officer							
Military Enlisted							
Civilian							

Other (specify)

Name and Address / Location of Site

Name of laboratory or hospital department

Address/location (if same, indicate, otherwise provide address)

City, State, Zip

Telephone No.

Waived Tests - Check all that apply



Dipstick Urine



Tablet Reagent Urine



Fecal Occult Blood



Visual Color Ovulation



Urine Pregnancy Test - Visual



ESR (non automated)



Hemoglobin



Hematocrit (spun)



Glucose (FDA Home Use)

Annual Testing Volume: _____

Testing Personnel Information

Enter total number of individuals in each category that perform testing at this site

	MD/DO	PhD	MS/MA	BS/BA	AA/AS	HS	Other
Military Officer							
Military Enlisted							
Civilian							

Other (specify)

Name and Address / Location of Site

Name of laboratory or hospital department

Address/location (if same, indicate, otherwise provide address)

City, State, Zip

Telephone No.

Waived Tests - Check all that apply



Dipstick Urine



Tablet Reagent Urine



Fecal Occult Blood



Visual Color Ovulation



Urine Pregnancy Test - Visual



ESR (non automated)



Hemoglobin



Hematocrit (spun)



Glucose (FDA Home Use)

Annual Testing Volume: _____

Testing Personnel Information

Enter total number of individuals in each category that perform testing at this site

	MD/DO	PhD	MS/MA	BS/BA	AA/AS	HS	Other
Military Officer							
Military Enlisted							
Civilian							

Other (specify)



**DEPARTMENT OF DEFENSE
CLINICAL LABORATORY IMPROVEMENT PROGRAM
(DOD CLIP)**

Armed Forces Institute of Pathology (AFIP)
Attn: AFIP-ZD
6825 16th St. N.W., Building 54
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